

July 14, 2000

To: Potential Applicants for Tobacco Settlement Funds

From: Jack Bartz, Manager
Tobacco Prevention and Control Program

Subject: Local Tobacco Funding Application

After a year of research and planning, Washington's first ever comprehensive tobacco prevention and control program is about to be launched.

In 1999, the Washington State Legislature created an account dedicated to tobacco prevention and control using \$100 million from the Master Settlement Agreement (MSA) with tobacco companies. To get the program up and running, the 2000 Legislature allocated \$15 million from the account to support the first year (July 1, 2000 to June 30, 2001) of the state's enhanced program.

Attached is the non-competitive application for the first year of local funding. Community agencies and organizations are invited to apply. Only **one application per county will be accepted.** Multiple counties are encouraged to combine their efforts in a single application.

A tool kit for use in developing a community-based tobacco plan has been developed and will be posted on the web (www.doh.wa.gov/tobacco) by July 19. It is intended to assist you in preparing your application.

The application is available electronically or in hard copy. DOH strongly encourages applicants

Community-based Contract Application

July 14, 2000

Page Two

Due date and submission of applications

- ***Electronic submissions:*** must be received by DOH by August 14, 2000 by 5:00 PM
- ***Submissions by Mail:*** Those unable to submit applications electronically, send your application, postmarked or received by August 11, 2000, 5:00 PM, to:

Washington State Department of Health
Tobacco Prevention and Control
PO Box 47848
7211 Cleanwater Lane
NewMarket Industrial Campus, Building #13
Olympia, Washington 98504-7848

Contact for questions:

Dave Harrelson		Tom Widemann
(360) 236-3685	or	(360) 236-3643
David.Harrelson@DOH.WA.GOV		Tom.Wiedemann@DOH.WA.GOV

FAX 360-236-3646

**Washington State Department of Health
Tobacco Prevention and Control Program**

**Application for
Community-Based Tobacco Prevention and Control Funding For Counties**

July 1, 2000 - June 30, 2001

Prepared by:
Washington State Department of Health
Community & Family Health
Office of Community Wellness & Prevention
Chronic Disease Prevention and Risk Reduction
Tobacco Prevention and Control Program

For questions, please contact:

Dave Harrelson

Tom Widemann

I. PURPOSE

- A. The Washington State Department of Health (DOH) announces the availability of state funds for the purpose of building and maintaining locally-based prevention and control programs in every county in Washington State. The 2000 Legislature allocated \$15 million from this account to support an expanded tobacco prevention and control program from July 1, 2000 through June 30, 2001.
- B. The Tobacco Prevention and Control program will focus on four **Objectives**, which are consistent with the Centers for Disease Control and Prevention (CDC) program planning recommendations.
- ♦ Prevent initiation of tobacco use among youth and young adults
 - ♦ Promote quitting among youth and adults
 - ♦ Eliminate exposure to ETS (environmental tobacco smoke)
 - ♦ Identify and eliminate disparities among populations

Each objective will be supported by six **Strategies**.

- ♦ Local Capacity Development
- ♦ Local Interventions
- ♦ Youth Interventions and School-Based Programs
- ♦ Public Awareness and Education
- ♦ Policy Development and Regulation
- ♦ Assessment and Evaluation

State-wide efforts are aimed at reducing tobacco use among three priority populations: pregnant women, adult tobacco users who are ready to quit, and youth grades 4 – 12.

II. QUALIFIED APPLICANTS

Applications will be accepted from community organizations or government agencies that can meet the following criteria:

- ▲ **Fiscal and Contract Management**

- ♦ **Planning**
 - Has experience planning, implementing and evaluating complex community-based programs.
- ♦ **Collaboration**
 - Has experience fostering collaboration among community-based agencies, organizations, coalitions, and networks
- ♦ **Community Mobilization**
 - Has experience mobilizing communities, organizations, and individuals toward improving public health
 - Has existing relationships or experience working with at-risk groups, including minority groups, pregnant women, and youth
- ♦ **Training and Technical Assistance**
 - Has experience providing, identifying and addressing community training and technical assistance needs related to tobacco prevention and control.
- ♦ **Assessment and Evaluation**
 - Has capacity to conduct required assessment and evaluation activities

III. ALLOCATION OF FUNDS

A. Availability

Approximately \$2,530,474 is available to counties to support locally-based activities from July 1, 2000 through June 30, 2001. Funding is allocated on a per county basis. It is anticipated that initial contracts will begin in September, 2000. Although first year contracts will be for less than a 12 month period, they will reflect a full twelve months of funding. One application per county will be accepted, although multiple counties may choose to work together and submit a single application. The Department of Health strongly encourages collaboration. Ideally, contracting will be focused dollars leveraged

1. Funding levels for each county are based on a combination of population and capacity to implement a comprehensive integrated program. The following assumptions were used to determine funding levels and expectations for each county:
 - ♦ population (based on the Office of Financial Management projected year 2000 census)
 - ♦ amount of historical funding dedicated to tobacco prevention and control activities
2. Counties fall into three levels (County Allocation Table)
 - ♦ **Level 1:** The emphasis for Level 1 Counties during the first year will be planning and local capacity development.
 - ♦ **Level 2:** The emphasis for Level 2 counties during the first year will be developing local capacity and producing program outcomes.
 - ♦ **Level 3:** The emphasis for Level 3 counties during the first year will be implementation of all elements of a comprehensive plan and achievement of significant program outcomes.

IV. WORKPLAN GRID

- A. Use the enclosed work plan grid to create your plan. The degree to which you complete the grid (i.e. the number of activities you will conduct) depends on your county level:

Level 1 Counties are required to conduct activities under at least ONE of the Objectives covering all SIX of the Strategies under that objective.

Level 2 Counties are required to conduct activities under at least TWO of the Objectives covering all SIX of the Strategies under each of those objectives.

Level 3 Counties are required to conduct activities under ALL of the Objectives covering all SIX of the Strategies under each of those objectives.

- B. **Filling in the Grid (sections A – F):** Applicants should work with other county organizations to complete the work plan grid by entering the activities you will conduct under each **Objective** you plan to address. Enter each activity in the **Strategy** boxes. (Space has been provided for three, the actual number you select will depend on your scope of work.)

1. **Objectives:** The objective(s) you select will depend on the requirements listed above as well as a realistic assessment of what you can accomplish with the available funding.

- ♦ ***Prevent Initiation Among Youth and Young Adults:*** Prevent youth from experimenting and/or starting tobacco use, or delaying the onset of use past the average age of initiation (10-18 years old).
- ♦ ***Promote Quitting Among Youth and Adults:*** Encourage and support youth and adults currently using tobacco to decrease the amount of tobacco used and/or quit completely.
- ♦ ***Reduce Exposure to Environmental Tobacco Smoke (ETS):*** Provide information, activities and policy change that will eliminate the exposure of children and adults to second-hand smoke in home, work and recreation venues.
- ♦ ***Eliminate Disparities Among Populations:*** Address the lack of prevention and cessation resources available to, and disproportionate tobacco industry focus on

- ♦ ***Local Capacity Development:*** Every community must have “core capacity” to be fully effective. Therefore, counties will be required to submit a Capacity Development Plan during Year 1 which outlines efforts to achieve *core capacity*, including: a) community mobilization; b) planning; c) community assessment; d) program efficacy; e) program efficiency; f) use of the media; and g) youth involvement.

Assurances:

- Access to electronic mail and the internet for the designated tobacco prevention and control coordinator.
 - maintain and/or build local capacity in tobacco prevention and control.
 - implement programs in collaboration with the state that improve the education, training, and skills of tobacco prevention and control staff.
 - establish relationships and collaborate with a broad-based set of partners and local coalitions to advise and support the local program including tribes and schools.
 - follow current tobacco prevention and control program guidelines as determined by the Washington State Department of Health.
 - attend at least two (2) regional or state technical assistance tobacco prevention and control meetings and two advisory meetings with DOH for a total of four required meetings.
- ♦ ***Local Interventions:*** Population-based activities that influence societal organizations, educational systems, and community relationships to enable them to assist individuals to make behavioral changes consistent with tobacco-free norms.

Assurances:

- implement local interventions based on tobacco plan developed by the community.
- address state priority populations: 1) pregnant women; 2) youth in grades four – twelve; and 3) tobacco users ready to quit.
- address local populations of concern identified by the community, including, but not limited to: ethnic minorities; low-income; people with low education levels, sexual minorities; and others.
- support marketing of the statewide quitline.
- involve youth and retailers in youth access to tobacco education and

- develop capacity to conduct compliance checks in areas where they are not currently performed by local programs or continue/enhance compliance check programs in counties currently performing them.
- ♦ ***Youth Interventions:*** School and community-based programs and activities designed to educate and involve youth.

Assurances:

- address community collaboration with DOH and the American Legacy Foundation (ALF) grant partners to support implementation of the ALF project in identified counties.
 - local youth and adult will attend the tobacco summit in Spring of 2001.
 - foster youth involvement in local and SOUL tobacco prevention and control activities.
 - create community support for the implementation of TATU (Teens Against Tobacco Use) in collaboration with schools and/or community groups.
 - create collaboration between Educational Service District (ESD) supported school programs and community interventions.
- ♦ ***Public Awareness & Education:*** Countering pro-tobacco influences and increasing pro-health messages throughout a state, region, or community. Includes media advocacy, media relations, counter-advertising, reducing tobacco industry sponsorships and promotions, and exposing tobacco industry tactics.

Assurances:

- support the statewide media campaign, including local community efforts.
- ♦ ***Assessment & Evaluation:*** Assessment is the continuous monitoring of measures over time to inform program and policy direction and interventions. Evaluation measures effectiveness of program, policy and media efforts.

Assurances:

- submit monthly reports to DOH via web-based reporting.
- provide for staffing and equipment to accomplish assessment data input.

WORK PLAN GRID

County: _

Level: __

Enter the strategies for which you are requesting funding:

Level 1 Counties: 1 Objective covering all 6 Strategies under that Objective

Level 2 Counties: 2 Objectives covering all 6 Strategies in each Objective

Level 3 Counties: 4 Objectives covering all 6 Strategies in each Objective

Objectives → Strategies ↓	Required? Y or N	Prevent Initiation Among Youth and Young Adults	Promote Quitting Among Youth and Adults	Eliminate Exposure to ETS
<u>A. Local Capacity Development</u> Activity # 1: Populations chosen for the activity & why Steps for achievement Performance measure	Y			
Activity # 2: Populations chosen for the activity & why Steps for achievement Performance measure				
Activity # 3: Populations chosen for the activity & why Steps for achievement Performance measure				

<p><u>B. Local Interventions</u></p> <p>Activity #1:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p>				
<p>Activity #2:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p>				
<p>Activity #3:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p> <p>(enter additional strategies as necessary)</p>				
<p><u>C. Youth Interventions & School Based Programs</u></p> <p>Activity #1</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p>				

<p>Activity #2</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p>				
<p>Activity #3</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p> <p>(enter additional strategies as necessary)</p>				
<p><u>D. Public Awareness & Education</u></p> <p>Activity #1:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p>				
<p>Activity #2:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p>				

<p>Activity #3:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p> <p>(enter additional strategies as necessary)</p>				
<p><u>E. Policy Development & Regulation</u></p> <p>Activity #1:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p>				
<p>Activity #2:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p>				
<p>Activity #3:</p> <p>Populations chosen for the activity & why</p> <p>Steps for achievement</p> <p>Performance measure</p> <p>(enter additional strategies as necessary)</p>				

<u>F. Assessment & Evaluation</u> Activity #1: Populations chosen for the activity & why Steps for achievement Performance measure				
Activity #2: Populations chosen for the activity & why Steps for achievement Performance measure				
Activity #3: Populations chosen for the activity & why Steps for achievement Performance measure (enter additional strategies as necessary)				

V. BUDGET

A. Salaries	
Total Salaries:	<input type="text"/>
B. Benefits	
Total Benefits:	<input type="text"/>
C. Contracted Services	
Total Contracted Services:	<input type="text"/>
D. Goods & Services	
Total Goods & Services:	<input type="text"/>
E. Travel	
Travel Total:	<input type="text"/>
F. Other	
Total Other:	<input type="text"/>
G. Indirect Costs	
Total Indirects:	<input type="text"/>
H. Totals	
Total Direct Costs (items A - F) :	<u> \$0.00 </u>
Total Indirect Costs (item F 1) :	<u> \$0.00 </u>
Total Budget :	<u> \$0.00 </u>
I. Yearly Expenditure Plan	
Month	Projected Expenditures
September-00	<input type="text"/>

A. Budget Assumptions

1. **Allowable Costs:** Funds may be used to support personnel, training and travel, and to purchase equipment and supplies directly related to planning, organizing and conducting the activities described in the application.
2. **Financial Viability:** If your organization is a non-governmental entity, attach a copy of the most recent audit unless already on file at DOH. If you do not have an audit from the most recent fiscal period, you may attach a current financial statement.
3. **Billing:** Billing for services will be completed monthly on actual allowable program costs only and NOT on a monthly fraction. *Please note: an estimation of expenditures by month is required for all applicants in section "I" of the budget form. This will enable DOH to appropriately allocate funds through the contract period, particularly for agencies covered by the Consolidated Contract.*

B. Instructions for Completing the Budget Sheet

The budget worksheet can be completed electronically using Microsoft Excel or you can complete it manually. For both methods, enter your data in the spaces available. If you are using Excel, your total amount in each section will be computed automatically for you in “H” section.

In addition to a budget, you are requested to also provide a Yearly Expenditure Plan as outlined in section “I” of the budget worksheet. Enter the data in the space provided and total the amount. If you are using Excel, the amount will be totaled automatically for you.

VI. COUNTY ALLOCATION TABLE

COMMUNITY BASED TOBACCO PREVENTION AND CONTROL FUNDING FOR COUNTIES

July 1, 2000 - June 30, 2001

Level 1	County	Tot. Settlement (\$)
	Garfield	20,000
	Wahkiakum	20,000
	Columbia	20,000
	Ferry	20,000
	Lincoln	20,000
	Skamania	20,000
	Pend Orielle	20,000
	San Juan	20,000
	Adams	20,000
	Klickitat	20,000
	Asotin	20,000
	Pacific	20,000
	Jefferson	20,000
	Kittitas	20,000
	Douglas	20,000
	Stevens	20,000
	Okanogan	20,000
	Whitman	20,000
	Franklin	20,000
	Mason	20,000
	Walla Walla	22,500
	Lewis	22,500
	Grays Harbor	22,500
	Grant	22,500
	Island	22,500
Level 2	County	Tot. Settlement (\$)
	Chelan	33,222
	Clallam	33,448
	Cowlitz	37,798
	Skagit	41,642
	Benton	48,707
	Whatcom	51,480
	Thurston	62,304
	Yakima	62,328



VII. KEY PARTNERS

Key partners are the organizations and people involved in your coalition, and will be partners in planning and implementing your program to reduce tobacco use. Please list the key partners who will actively participate and contribute resources to enhance local tobacco prevention and control efforts. Describe the contributions (i.e., direct and/or indirect).

County name: _____

[illegible]

VIII. FACE PAGE

**COUNTY-BASED TOBACCO PREVENTION AND CONTROL
LOCAL FUNDING APPLICATION
JULY 1, 2000 - JUNE 30, 2001**

Agency Name: _____

Doing Business As (if different from above): _____

Address: _____

Agency Administrator: _____

Title: _____

Tobacco Prevention and Control Program Coordinator: _____

Title: _____

Telephone: () _____

FAX: () _____

E-mail: _____

Tax Identification Number (TIN): _____

Uniform Business Identifier (UBI): _____

Legislative District(s): _____

Month in which your agency fiscal year begins: _____

Total Funds Requested: \$ _____

Acknowledgement: We acknowledge and agree to the requirements of this application and verify the accuracy of the information presented.

IX. APPLICATION SUBMITTAL CHECKLIST

Successful application packages will contain the following items:

Signed Face Page

☐

Work Plan Grid

☐

Key Partners

☐

Budget

☐